Schedule E)	PAGE 1 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
Check if 24-hour report 48-hour report New r	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	10 18 2020
Mailing Address PO Box 2690	Amount
PO Box 2690	77 02 42
City State Alameda CA	Zip Code 9304.31 94501-0690 Transaction ID: VQZ6GAN9YC5 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type Category/ 10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	Oppose President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 1719443.78 Disbursement For: Primary Contract Other (specify) ■ Contr
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	10 18 2020
Mailing Address PO Box 2690	Amount
PO Box 2690	
City State Alameda CA	Zip Code 486.52 94501-0690 Transaction ID : VQZ6GAN9YD3
Purpose of Expenditure	Category/ Date of Disbursement or Obligation
Phone Program dial fees	Type 10 18 2020
Name of Federal Candidate	Support Office Sought: House District: 00
JONES, DOUG, , ,	Oppose President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary Solution State Disbursement For: Primary Other (specify) ✓ General
•	
(a) SUBTOTAL of Itemized Independent Expenditures	9790.83
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	>
	res reported herein were not made in cooperation, consultation, or concert zed committee or agent of either, or (if the reporting entity is not a political
	ronically Filed] Date 10 19 2020
Signature	

Schedule E)	PAGE 2 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C00580068
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Date of Pub	lic Distribution/Dissemination
GetThru 10	18 2020
Mailing Address PO Box 2690 Amount	
PO Box 2690	
City State Zip Code	544.24
	ID: VQZ6GAN9YE1 pursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type 10	/ D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Office Sought:	House District: 00
KELLY, MARK, , , Oppose President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (s	Primary X General
	olic Distribution/Dissemination
GetThru	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690	10 2020
PO Box 2690	
City State Zip Code	446.92
	ID: VQZ6GAN9YF9 oursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type 10	18 2020
Name of Federal Candidate X Support Office Sought:	House District: 00
HICKENLOOPER, JOHN W., , ,	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	991.16
(b) SUBTOTAL of Unitemized Independent Expenditures	492
(c) TOTAL Independent Expenditures	292
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopers with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Pascal, Harry, , , [Electronically Filed] Date 10 19	2020

Schedule E)	JENT EXILITE	TIONES		PAGE 3 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Progressive Turnout Project			С	C00580068
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
GetThru			10	/ 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		812.42
Alameda	CA	94501-0690		ID: VQZ6GAN9YG7 pursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M 10	/ D D / Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X Y
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
OSSOFF, T. JONATHAN, , ,		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		79893.74	Disbursement For:	Primary X General
Full Name of Payee				lic Distribution/Dissemination
GetThru			M - M 10	18 2020
Mailing Address PO Box 2690				
PO Box 2690			Amount	
City	State	Zip Code		788.53
Alameda	CA	94501-0690		ID: VQZ6GAN9YH5 oursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M 10	18 / 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
WARNOCK, RAPHAEL, , ,		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		75522.73	Disbursement For: 2020 X Other (s	Primary General specify) ▶ Special General
(a) SUBTOTAL of Itemized Independent Exper	nditures		. •	1600.95
(b) SUBTOTAL of Uniternized Independent Ex	nenditures			
(c) continue or contenue or maspenasine and				
(c) TOTAL Independent Expenditures			•	49. 1 49.
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Pascal, Harry, , ,	[Electron	nically Filed] Date	10 / 19	2020
5.g. (a.a.)				

Schedule E)	DENT EXICIO	TIONES		PAGE 4 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
Check if 24-hour report 48-hour repor	t New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
GetThru			M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		608.20
Alameda	CA	94501-0690		ction ID : VQZ6GAN9YJ3 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type		M / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
GREENFIELD, THERESA, , ,		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		33032.81	Disbursement 2020 Oth	For: Primary General mer (specify) ✓
Full Name of Payee				Public Distribution/Dissemination
GetThru			M	10 18 2020
Mailing Address PO Box 2690				
PO Box 2690			Amoun	t
City	State	Zip Code		1295.97
Alameda	CA	94501-0690		tion ID : VQZ6GAN9YK1 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type		0 18 / Y 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
PETERS, GARY, , ,		Oppose	Presider	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		146714.62	Disbursement 2020 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures			1904.17
,				7 1001117
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Pascal, Harry, , ,	[Electron	nically Filed] Date	10	19 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly			FOR SE OF	FORM 24/4	18
	ME OF COMMITTEE (In Full)	F	EC ID	ENTIFICATI	ON NUMBE	R▼
٢	rogressive Turnout Project		C	C00580068		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	M /	D II D /	YYYY	Y
	Full Name of Payee	Date of	Public	Distribution	/Dissemination	on
	GetThru	M 1		18	2020	Y
	Mailing Address PO Box 2690 PO Box 2690	Amount				
	City State Zip Code	T.			282.01	
	Alameda CA 94501-0690			D: VQZ6GA	N9YM9	
	Purpose of Expenditure Phone Program dial fees Category/ Type	M 1	M /	18	2020	Y
	Name of Federal Candidate Support Office	Sought:		House	District:	00
	BUILDOCK STEVE	Presiden	; 7	x Senate	State:N	1T
	Calendar Year-To-Date Per Election for Office Sought Disbute 2020	rsement I		Primary	/ X Ger	neral
	Full Name of Payee			ecify)	/Disseminati	on .
	GetThru	M		18	2020	
	Mailing Address PO Box 2690	Amount				
	PO Box 2690		_		054.55	
	City State Zip Code Alameda CA 94501-0690			: VQZ6GAN		,
	Purpose of Expenditure Phone Program dial fees Category/ Type	Date of	M /	rsement or (Obligation 2020	Y
	Name of Federal Candidate X Support Office	Sought:		House	District:	00
		Presiden	t [X Senate	State: N	IC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020			Primary	y X Ger	neral
	(a) SUBTOTAL of Itemized Independent Expenditures		-7-		1136.56	
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7-	1 1 4		
	(c) TOTAL Independent Expenditures		7		1 1 4	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
	Pascal, Harry, , , [Electronically Filed] Date 10		19	/ Y Y 202	20	
	Signature				للث	

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Schedule E)		ATOTILO		PAGE 6 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
Check if 24-hour report 48-hour report	X New rep	port Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
GetThru				10 18 2020
Mailing Address PO Box 2690			Amoun	t
PO Box 2690				
City	State	Zip Code		1909.09
Alameda	CA	94501-0690		ction ID: VQZ6GAN9YR0 f Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type		10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
HARRISON, JAIME, , ,		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		66696.66	Disbursement 2020 Oth	For: Primary General mer (specify) ■
Full Name of Payee				f Public Distribution/Dissemination
Paychex			M	10 18 2020
Mailing Address 911 Panorama Trl S			Amoun	
City	State	Zip Code		22785.80
Rochester	NY	14625-2311		etion ID : VQZ6GAN9YX0 f Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	M	10 18 2020
Name of Federal Candidate		✗ Support	Office Sought:	: House District: 00
BIDEN, JOSEPH R JR, , ,		Oppose	✗ Preside	nt Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	7 7	1719443.78	Disbursement 2020 Otl	For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures			24694.89
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				7 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize			
Pascal, Harry, , ,	[Electro	nically Filed] Date	10	19 2020
S.g. later				

Sc	hedule E)	TOTILO	PAGE 7 OF 11 FOR SE OF FORM 24/48
VΑ	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Ρ	rogressive Turnout Project		C C00580068
Che	eck if X 24-hour report 48-hour report X New report	ort Amends repo	t filed on
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Paychex		10 18 2020
	Mailing Address 911 Panorama Trl S		Amount
ŀ	City State	Zip Code	1302.72
	Rochester NY	14625-2311	Transaction ID : VQZ6GAN9YZ5 Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	x Support	Office Sought: House District:00
	JONES, DOUG, , ,	Oppose	President Senate State: AL
	Calendar Year-To-Date Per Election for Office Sought	57519.07	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Paychex		10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 911 Panorama Trl S		Amount
ŀ	City State	Zip Code	2094.03
	Rochester NY	14625-2311	Transaction ID : VQZ6GAN9Z11 Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 / 18 / Y Y Y Y Y Y
ľ	Name of Federal Candidate	x Support	Office Sought: House District:00
	KELLY, MARK, , ,	Oppose	President Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	97128.08	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		3396.75
			4 4
((b) SUBTOTAL of Unitemized Independent Expenditures		>
((c) TOTAL Independent Expenditures		>
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
		ically Filed] Date	10 19 2020
	Signature		

Schedule E)	ENT EXTENT	ATOTILO		PAGE 8 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Progressive Turnout Project			С	C00580068
Check if 24-hour report 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	C Distribution/Dissemination
Paychex			10	18 2020
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		1744.61
Rochester	NY	14625-2311		D: VQZ6GAN9Z43 ursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10	18 / 2020
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
HICKENLOOPER, JOHN W., , ,		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		94993.56	Disbursement For: 2020 Other (sp	Primary x General pecify) ▶
Full Name of Payee			Date of Public	c Distribution/Dissemination
Paychex			10 M	18 2020
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		1946.00
Rochester	NY	14625-2311		D: VQZ6GAN9Z77 ursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10 10	18 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
OSSOFF, T. JONATHAN, , ,		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7 7	79893.74	Disbursement For: 2020 Other (sp	Primary General Decify) ■
(a) SUBTOTAL of Itemized Independent Expendent	litures		·	3690.61
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(,,				7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize			
Pascal, Harry, , ,	[Electro	nically Filed] Date	10 / 19	2020
- 3				

Schedule E)	PAGE 9 OF 11 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
theck if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Paychex	10 18 2020
Mailing Address 911 Panorama Trl S	Amount
City State Zip Code	1888.76
Rochester NY 14625-2311	Transaction ID : VQZ6GAN9ZA0 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 / 18 / 2020
Name of Federal Candidate Support Offi	ce Sought: House District: 00
WARNOCK, RAPHAEL, , ,	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Dis 202	bursement For: Primary General Other (specify) Special General
Full Name of Payee	Date of Public Distribution/Dissemination
Paychex	10 18 2020
Mailing Address 911 Panorama Trl S	Amount
City State Zip Code	1163.45
Rochester NY 14625-2311	Transaction ID : VQZ6GAN9ZD4 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
GREENFIELD, THERESA, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Dis 202	bursement For: Primary ★ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3052.21
	7 7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
[Electronically Filed] Date	10 19 2020
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project		C C00580068
Check if 24-hour report 48-hour report New	report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Paychex		10 18 2020
Mailing Address 911 Panorama Trl S		Amount
City State	Zip Code	2393.07
Rochester NY	14625-2311	Transaction ID : VQZ6GAN9ZG8 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 18 2020
Name of Federal Candidate	✗ Support Office	Sought: House District:00
PETERS, GARY, , ,	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	146714.62 Disbu	orsement For: Primary ✓ General Other (specify) ✓
Full Name of Payee		Date of Public Distribution/Dissemination
Paychex		10 18 2020
Mailing Address 911 Panorama Trl S		Amount
City State	Zip Code	1064.18
Rochester NY	14625-2311	Transaction ID : VQZ6GAN9ZJ4 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 18 2020
Name of Federal Candidate	✗ Support Office	Sought: House District: 00
BULLOCK, STEVE, , ,	Oppose	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	12352.50 Disbu 2020	orsement For: Primary ★ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	3457.25
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Pascal, Harry, , , [Elec	tronically Filed] Date 1	0 19 2020
Signature		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly			FOR SE OF	FORM 24/4	8
	ME OF COMMITTEE (In Full)	F	EC ID	ENTIFICATI	ON NUMBER	R▼
۲	rogressive Turnout Project		С	C00580068		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	M /	D I D /	Y Y Y Y	Y
٦	Full Name of Payee	Date of	Public	Distribution	/Disseminatio	on
	Paychex	M 1	0 /	18	2020	Y
	Mailing Address 911 Panorama Trl S	Amount				
	City State Zip Code	Г.			1868.82	
	Rochester NY 14625-2311			D: VQZ6GA	N9ZM9	
	Purpose of Expenditure Staff Time Phone Calls Category/ Type	М		18	2020	Y
	Name of Federal Candidate Support Office	Sought:		House	District: 0	0
	CUNNINGHAM, CAL, , ,	Presiden	it 3	K Senate	State: No	<u>c</u>
	Calendar Year-To-Date Per Election for Office Sought Disbu 2020	ursement		Primary	x Gen	eral
				ecify)	/D:	
	Full Name of Payee Paychex	M	M /	D D /	/Disseminatio	
	Mailing Address 911 Panorama Trl S	Amount	0	18	2020	
	City State Zip Code				5297.74	
				: VQZ6GAN		
	Purpose of Expenditure Staff Time Phone Calls Category/ Type		0 ^M	18	2020	Y
	Name of Federal Candidate Support Office	e Sought:		House	District:	00
	HARRISON, JAIME, , ,	Presider	nt 3	Senate	State:S	<u>C</u>
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020			Primary	/ X Gen	neral
	(a) SUBTOTAL of Itemized Independent Expenditures		-7-		7166.56	
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7-	1 7	1 1 4	
	(c) TOTAL Independent Expenditures		-7-		60881.94	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
	Pascal, Harry, , , [Electronically Filed] Date 10		19	/ Y Y 202	20	
	Signature	_				

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